NAME OF COMMITTEE (In Full)

NRCC

Check if

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	}			PAGE	7978 OF 7997
					NE 24 OF FORM 3X
ME OF COMMITTEE (In Full)				FEC IDENTIFIC	CATION NUMBER ▼
RCC				C C00078	5820
ck if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M / D = D	/
Full Name of Payee				te of Public Distribu	/ Y = Y = Y = Y
Mailing Address 1427 LESLIE AVE			Am	09 12 ount	2018
City	State	Zip Code	— Г		77439.60
ALEXANDRIA	VA	22301		nnsaction ID : SE24 te of Disbursement	4-0.080010
Purpose of Expenditure MEDIA		Category/ Type		09 / 10	2018
Name of Federal Candidate:		Support	Office Sor	ught: 🗶 House	e District: 02
LURIA, ELAINE, , ,		x Oppose	Pres	sident Senat	e State: VA
Calendar Year-To-Date Per Election for Office Sought	7 7	742396.78	Disbursen 2018	nent For: Pri Other (specify) ▶	mary 🗶 General
Full Name of Payee DEL RAY MEDIA LLC Mailing Address 1427 LESLIE AVE		☐ Memo		te of Public Distribu	
			Am	ount	
City	State	Zip Code			154368.21
ALEXANDRIA	VA	22301		ansaction ID : SE2 to of Disbursement	
urpose of Expenditure MEDIA		Category/ Type	00		/ Y Y Y Y Y Y Y 2018
Name of Federal Candidate:		Support	Office Sor	ught: X House	e District: 02
LURIA, ELAINE, , ,		x Oppose		sident Senat	3.74
Calendar Year-To-Date Per Election for Office Sought	7 7	742396.78	Disbursen 2018	nent For: Pri Other (specify) ▶	mary X General
					231807.81
a) SUBTOTAL of Itemized Independent Expenditures	3			,	,
SUBTOTAL of Itemized Independent Expenditures SUBTOTAL of Unitemized Independent Expenditures			· _		

Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age Davis, Keith, A,, [Electronically Filed] 80 2018 10 Date Signature